

From E to A+B

#1

RECEIVED

AUG 02 2010



STATE OF WASHINGTON  
APPLICATION FOR CHANGE/TRANSFER  
OF WATER RIGHT

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF  
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☐ Change purpose(s) of use  
☐ Add purpose(s) of use  
☐ Change point(s) of diversion/withdrawal  
☐ Add point(s) of diversion/withdrawal  
☒ Change/transfer place of use  
☐ Other (i.e. consolidation, intertie, trust water)

Explain:

See #6 (REMARKS)  
for quantities to A

## FOR OFFICE USE ONLY

CHANGE No. CS4-00805-5615 WRIA 39DATE ACCEPTED 03/10/11 BY QFEE \$ 50.00 REC'D 8/2/2010CHECK No. 1976 TMM

ECY Coding: 001-002-WR10285-000011

SEPA: ☐ Exempt ☐ Not exempt

Rept #  
207304

\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\*

## 1. Applicant Information:

|  |                                    |                          |
|--|------------------------------------|--------------------------|
| APPLICANT/BUSINESS NAME<br><u>Charles Douglas Mayo</u> | PHONE NO.<br><u>(509) 697-7633</u> | FAX NO.<br>( )           |
| ADDRESS<br><u>2741 S. Wenas Rd</u>                     |                                    |                          |
| CITY<br><u>Selah</u>                                   | STATE<br><u>WA</u>                 | ZIP CODE<br><u>98942</u> |

|  |                  |                |
|--|------------------|----------------|
| CONTACT NAME (IF DIFFERENT FROM ABOVE) | PHONE NO.<br>( ) | FAX NO.<br>( ) |
| ADDRESS                                |                  |                |
| CITY                                   | STATE            | ZIP CODE       |

## 2. Water Right Information:

|   |   |
|---|---|
| WATER RIGHT OR CLAIM NUMBER<br><u>00805</u>   | RECORDED NAME(S)<br><u>Charles Douglas + John S. Mayo</u> |
| DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO               |   |
| (S) NAME and ADDRESS:   |   |
| PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |   |

of any documentation that demonstrates consistent, historical use of water since the right  
so, if you have a water system plan or conservation plan, please include a copy with your

83188  
54-83187  
272018  
019  
276682

CS4-00805-5615

|   |            |           |                     |                     |  |  |  |
|---|------------|-----------|---------------------|---------------------|--|--|--|
| COURT CLAIM 00805<br>SUB 15 WENAS<br>06-30-1867 |            |           |                     | FOR OFFICE USE ONLY |  |  |  |
| APP. NO.  | PERMIT NO. | CERT. NO. | CERT. OF CHANGE NO. |                     |  |  |  |

REC'D E to A+B



### 3. Point(s) of Diversion/Withdrawal:

#### A. Existing

| SOURCE | NO. | 1/4 | 1/4 | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|--------|-----|-----|-----|------|------|------|----------|------------|
| N/A    |     |     |     |      |      |      |          |            |
|        |     |     |     |      |      |      |          |            |

#### B. Proposed

| SOURCE    | NO. | 1/4 | 1/4 | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|-----------|-----|-----|-----|------|------|------|----------|------------|
| N/A       |     |     |     |      |      |      |          |            |
| No change |     |     |     |      |      |      |          |            |

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

### 4. Purpose of Use:

#### A. Existing

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|----------------|------------|------------|---------------|
| No change      |            |            |               |
|                |            |            |               |

#### B. Proposed

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|----------------|------------|------------|---------------|
| No change      |            |            |               |
|                |            |            |               |

### 5. Place of Use:

#### A. Existing

|  |     |      |      |      |        |          |            |
|--|-----|------|------|------|--------|----------|------------|
| LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:  |     |      |      |      |        |          |            |
| PARCEL 2 E on attached Map   |     |      |      |      |        |          |            |
| and legal description  |     |      |      |      |        |          |            |
| 1/4  | 1/4 | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
| SE   | SE  | 4    | 14   | 18   | Yakima | 43003    | 37.02      |
| DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME: |     |      |      |      |        |          |            |

#### B. Proposed

|  |     |      |      |      |        |          |            |
|--|-----|------|------|------|--------|----------|------------|
| LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:  |     |      |      |      |        |          |            |
| PARCEL A and B on attached Map   |     |      |      |      |        |          |            |
| and legal description  |     |      |      |      |        |          |            |
| 1/4  | 1/4 | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
|  | NE  | 09   | 14   | 18   | Yakima | 11001    | 37.02      |
| DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME: |     |      |      |      |        |          |            |

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

☒ YES ☐ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): 63214576  
Ground water 425-D



6. Remarks and Other Relevant Information:

|   |
|---|
| This change in place of use   |
| 37.02 Ac  |
| 0.74 cfs  |
| 148 Ac-ft / yr  |
| IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____ |

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

*I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.*

Charles Douglas Meyer  
(Applicant)

8/2/10  
(Date)

Charles Douglas Meyer  
(Water Right Holder)

8/2/10  
(Date)

dba Haywire Outfit, Inc.  
(Land Owner(s) of Existing Place of Use)

8/2/10  
(Date)

**IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.**

**WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):**

- ☐ APPLICATION FEE NOT ENCLOSED      ☐ MAP NOT INCLUDED or INCOMPLETE  
☐ ADDITIONAL SIGNATURES REQUIRED      ☐ SECTION \_\_\_\_\_ IS INCOMPLETE  
☐ OTHER/EXPLANATION: \_\_\_\_\_

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_